

**State of Louisiana Office of Telecommunications Management
Telecommunications Coordinator (TC) APPOINTMENT FORM (OTM-11)**

Check all appropriate items:

- ☐ The information below should be corrected for the current TC.
- ☐ The person below replaces the current TC _____
- ☐ The current TC should be deleted _____
- ☐ The person below is an additionally appointed TC.
- ☐ The person below is a newly appointed TC.
- ☐ I am interested in Telecommunications Coordinator Orientation.
- ☐ I will need access to the OTM bill on-line

Mr. **Ms.** **Dr.** **Other** _____ (specify)

Name _____

Title _____

Department _____

Office _____

Section _____

Address _____

City _____ **State** Louisiana **Zip** _____

Telephone _____ **Fax** _____ **Email** _____

Authority _____
(agency wide, statewide, etc.)

Responsible for **Voice** **Data** **Voice and Data**

List all OTM cost center numbers under new TC's authority

Signature of Appointing Authority _____

Title of Appointing Authority _____

Signature of Newly Appointed TC _____

Date _____

RETURN TO: Information and Training Section Manager
 Office of Telecommunications Management
 PO Box 94280
 Baton Rouge, LA 70804-9280
 Fax 225-342-7810